UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE:	§	
	§	
MARSHALL TODD KING AND	§	CASE NO.
LAURA JANEEN KING	§	
DEBTOR	§	

Statement Concerning Payment Advices
Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)

STATE OF TEXAS)
COUNTY OF HARRIS)

BEFORE ME, the undersigned authority, on this day personally appeared MARSHALL TODD KING AND LAURA JANEEN KING who, first being duly sworn according to law, upon his/her oath made the following statements of fact in connection with Bankruptcy Case, entitled In Re: Marshall Todd King and Laura Janeen King, Case Number :

"My name is Laura King. My social security number is xxx-xx-2999 . I am over eighteen (18) years of age. I am of sound mind, and I am fully competent to make this affidavit. I have personal knowledge of the facts stated herein, and they are true and correct."

"I have not received any payment advices from any employer during the 60-days prior to the filing of this bankruptcy case because:
__X___ I have been working a part time job and paid by auto deposit

Therefore, I do not have any pay-stubs or other payment advices with which to file with the court for the 60-day time period prior to the filing this bankruptcy case."

"I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.

"Further Affiant sayeth not"

Laura Janeen King
LAURA JANEEN KING

SUBSCRIBED AND SWORN TO BEFORE ME on this the 3 day of NOV 2016, to certify which witness my hand and seal.

My Commission Expires: May 14, 2016

Notary Public in and for The State of Texas

NOTARY PUBLIC STATE OF TEXAS
SCOTT CHADWELL
MY COMMISSION EXPIRES
May 14, 2018

TAXPAYER'S COPY

Form **941 for 2016: Employer's QUARTERLY Federal Tax Return** 970114

(Rev. January 2016) Department of the Treasury— Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 76-0561322

Name (not your trade name) Torque & Flange Technology Inc

Trade name (if any) ____

Address 5223 Dunleith Lane

Spring TX 77379

Report for this Quarter of 2016 (Check one.)

- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [X] 3: July, August, September
- [ ] 4: October, November, December

Instructions and prior-year forms are available at www.irs.gov/form941.

QBMT2901 02/16/16 FW2

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

Line	Description		Amount
1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	0
2	Wages, tips, and other compensation	2	12,795.00
3	Federal income tax withheld from wages, tips, and other compensation	3	2,816.18
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	☐	Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	12,795.00	x .124 =	1,586.58
5b Taxable social security tips		x .124 =	
5c Taxable Medicare wages & tips	12,795.00	x .029 =	371.06
5d Taxable wages & tips subject to Additional Medicare Tax withholding		x .009 =	

Line	Description		Amount
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	1,957.64
5f	Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	4,773.82
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	4,773.82
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	11	
12	Balance due. If line 10 is more than line 11, enter difference and see instructions	12	4,773.82

13 **Overpayment.** If line 11 is more than line 10, enter difference ____ Check one: ☐ Apply to next return. ☐ Send a refund.

► **You MUST complete both pages of Form 941 and SIGN it.** Next ►

Form 941 for 2016: Employer's QUARTERLY Federal Tax Return

970114

(Rev. January 2016) Department of the Treasury— Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) 76-0561322

Name (not your trade name) Torque & Flange Technology Inc

Trade name (if any)

Address 5223 Dunleith Lane

Spring TX 77379

Report for this Quarter of 2016
(Check one.)

- [ ] 1: January, February, March
- [X] 2: April, May, June
- [ ] 3: July, August, September
- [ ] 4: October, November, December

Instructions and prior-year forms are available at www.irs.gov/form941.

QBMT2901 02/16/16 FW2

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

Line	Description	Line	Amount
1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	1
2	Wages, tips, and other compensation	2	18,129.00
3	Federal income tax withheld from wages, tips, and other compensation	3	4,742.13
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	☐	Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	18,129.00	x .124 =	2,248.00
5b Taxable social security tips		x .124 =	
5c Taxable Medicare wages & tips	18,129.00	x .029 =	525.74
5d Taxable wages & tips subject to Additional Medicare Tax withholding		x .009 =	

Line	Description	Line	Amount
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	2,773.74
5f	Section 3121(q) Notice and Demand — Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	7,515.87
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	7,515.87
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	11	
12	Balance due. If line 10 is more than line 11, enter difference and see instructions	12	7,515.87

13 **Overpayment.** If line 11 is more than line 10, enter difference ________ Check one: ☐ Apply to next return. ☐ Send a refund.

► **You MUST complete both pages of Form 941 and SIGN it.**

Next ►